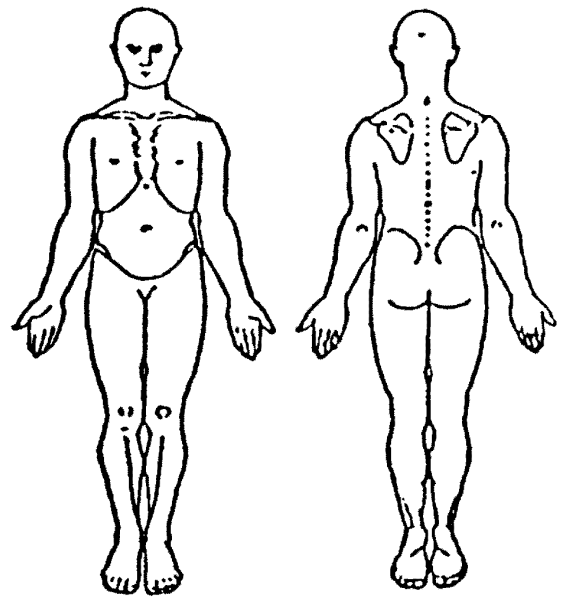




# THE MCKENZIE INSTITUTE THORACIC SPINE ASSESSMENT

Date \_\_\_\_\_  
Name \_\_\_\_\_ Gender \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Referral: GP / Orth / Self / Other \_\_\_\_\_  
Work demands \_\_\_\_\_  
Leisure activities \_\_\_\_\_  
Functional limitation for present episode \_\_\_\_\_



Outcome / Screening score \_\_\_\_\_  
NPRS (0-10) \_\_\_\_\_  
Present symptoms \_\_\_\_\_  
Present since \_\_\_\_\_ improving / unchanging / worsening  
Commenced as a result of \_\_\_\_\_ no apparent reason  
Symptoms at onset \_\_\_\_\_  
Constant symptoms \_\_\_\_\_ Intermittent symptoms \_\_\_\_\_  
Worse      bending      sitting / rising      turning neck / trunk      standing      lying  
                 am / as the day progresses / pm      when still / on the move  
                 other \_\_\_\_\_  
Better      bending      sitting / rising      turning neck / trunk      standing      lying  
                 am / as the day progresses / pm      when still / on the move  
                 other \_\_\_\_\_  
Disturbed sleep      yes / no      Sleeping postures: prone / sup / side R / L      Pillows: \_\_\_\_\_

Previous spinal history \_\_\_\_\_  
Previous treatments \_\_\_\_\_

## SPECIFIC QUESTIONS

Cough / sneeze / deep breath \_\_\_\_\_ Gait / Upper Limbs: normal / abnormal  
Medications: \_\_\_\_\_  
General health / Comorbidities: \_\_\_\_\_  
Recent / relevant surgery: yes / no \_\_\_\_\_  
History of cancer: yes / no \_\_\_\_\_ Unexplained weight loss: yes / no \_\_\_\_\_  
History of trauma: yes / no \_\_\_\_\_ Imaging: yes / no \_\_\_\_\_  
Patient goals / expectations: \_\_\_\_\_

## EXAMINATION

### POSTURAL OBSERVATION

Sitting: *erect / neutral / slump*      Protruded head: *yes / no*      Change of posture: *better / worse / no effect* \_\_\_\_\_  
 Standing: *neutral / kyphotic* \_\_\_\_\_  
 Other observations / functional baselines: \_\_\_\_\_

### NEUROLOGICAL (upper and lower limb)

Motor deficit \_\_\_\_\_ Reflexes \_\_\_\_\_  
 Sensory deficit \_\_\_\_\_ Neurodynamic tests \_\_\_\_\_

### CERVICAL SPINE REPEATED MOVEMENT TESTING

MOVEMENT LOSS	Maj	Mod	Min	Nil	Symptoms
Flexion					
Extension					
Rotation R					
Rotation L					
Other					

Rep Pro \_\_\_\_\_  
 Rep Ret \_\_\_\_\_  
 Rep Ret Ext \_\_\_\_\_  
 Rep LF - R \_\_\_\_\_  
 Rep LF - L \_\_\_\_\_  
 Rep ROT - R \_\_\_\_\_  
 Rep ROT - L \_\_\_\_\_  
 Rep Flex \_\_\_\_\_

**TEST MOVEMENTS**      Describe effect on present pain – **During:** produces, abolishes, increases, decreases, no effect, centralising, peripheralising. **After:** better, worse, no better, no worse, no effect, centralised, peripheralised

Symptomatic response		Mechanical response	
During testing	After testing	Effect - ↑ or ↓ ROM or key functional test	No effect
<b>Pretest symptoms sitting</b> _____			
FLEX _____			
Rep FLEX _____			
EXT _____			
Rep EXT _____			
<b>Pretest symptoms lying</b> _____			
EIL (prone) _____			
Rep EIL (prone) _____			
EIL (supine) _____			
Rep EIL (supine) _____			
<b>Pretest symptoms sitting</b> _____			
ROT - R _____			
Rep ROT - R _____			
ROT - L _____			
Rep ROT - L _____			
Other movements _____			

**STATIC TESTS** Flex / Ext / Rotation / Other \_\_\_\_\_ **OTHER TESTS** \_\_\_\_\_

### PROVISIONAL CLASSIFICATION

**Derangement**      Central or symmetrical      Unilateral or asymmetrical

Directional Preference: \_\_\_\_\_

**Dysfunction:** Direction \_\_\_\_\_ **Postural**      **OTHER** subgroup: \_\_\_\_\_

**POTENTIAL DRIVERS OF PAIN AND / OR DISABILITY**      Comorbidities      Cognitive - Emotional      Contextual

Descriptions: \_\_\_\_\_

### PRINCIPLES OF MANAGEMENT

Education \_\_\_\_\_

Exercise type \_\_\_\_\_ Frequency \_\_\_\_\_

Other exercises / interventions \_\_\_\_\_

Management goals \_\_\_\_\_

\_\_\_\_\_  
 Signature \_\_\_\_\_